

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/588107</div> | FILING DATE | |
|--|----------|------|------------------------------------|------|------------------------------------|------|--|-------------|--|
| | | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | | |
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| 10 | | 1 | | 1 | | | | | |
| 11 | | 2 | | 2 | | | | | |
| 12 | | 1 | | 1 | | | | | |
| 13 | | 1 | | 1 | | | | | |
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| TOTAL CLAIMS | 18 | | 18 | | | | | | |
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PTO - 1360 (REV. 11/04)

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